* Indicates required FCC 235 ISP-WAV

FEDERAL COMMUNICATIONS COMMISSION

Approved by OMB 3060-1163 Estimated Time Per Response: 2 Hours Edition Date: August 2024

 $Section\ 310 (b)\ Petition\ for\ Declaratory\ Ruling\ Waiver\ of\ Sections\ 1.5000-1.5004\ of\ the\ Commission's\ Rules$

Save as Draft		Review to Submit
See Instructions		ons C Print Form C
A.1 Waiver Parent File Number		A.2 Waiver Parent Callsign
	-	
1. Applicant Information		
*FRN		
		J
Name		Attention
Doing Business As (DBA)		Title
Street Address		Phone
Street Address 2		Fax
City		Email
State		*Applicant/Licensee Legal Entity Type
		None
Zip Code/Postal Code		Q Q
Zip code/rostal code		
		None
Country		Individual
		Unincorporated Association
2. Contact Information		Government Entity
2. Contact information		Corporation
☐ Check here if same as Applicant		Limited Liability Company
*FRN		General Partnership
		\ \ <u>\</u>
Mana		J
Name		Attention
Doing Business As (DBA)		Title
		J [
Street Address		Phone
Street Address 2		Fax
City		Email
Contact State		*Relationship
		- None
Zip Code/Postal Code		I q
Country		- None
,		Same
		Legal counsel
Application Information		Engineer
		Other
*3. Brief Application Description		
○ Yes ○ No	ry ruling to permit foreign investment above the benchmarks in section 310(b) of the Act?	3
<u>Application Fees</u>		
*5. Will a fee be paid?	NOTE: Selecting "No" radio button will display the 4.a. below. Selecting "Other"	• 5.a. If yes, select the appropriate fee code for the application.
NOTE: Selecting "No" radio button will display the 4.a. below. Selecting "Other" will display 4.b. below: 4.a. if no, indicare assort for fee exemption.		DAF
*4.a. If no, indicate reason for fee exemption. Governmental Entity Noncommercial Educational License Other		Fee Amount
	4.b. Fee exempt explanation.	\$375
Attachments/Confidential Treatm	nant of Attachments	

ttachment No.	File Name	Description of Attachment	Confidential	Action
o Attached Files				
Attach File Ø				
eneral Certification Statemen	<u>ts</u>			
*7. In submitting this form,				
he Applicant certifies that it has submitted a	all statements and exhibits to support this v	waiver request.		
		a denial of Federal benefits, including FCC benefits, pursuant to section 5301 " for these purposes. (This certification does not apply to applications filed in		
he Applicant certifies that all of its statemer Party Authorized to Sign	nts made in this Application and in the attac	thments or documents incorporated by reference are material, are part of this	s Application, and are true, complete, correct, and made in good fair	th.
irst Name		MI		
The state of the s				
ast Name		Suffix		
itle				
ignature		Date		
		FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMI OF THE APPLICATION AND FORFEITURE OF ANY FEES PA		
		WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNI. BY FINE AND/OR IMPRISONMENT (US Code, Title 18, Section AND/OR REVOCATION OF ANY STATION AUTHORIZATIO (US Code, Title 47 Section 312(a)), AND/OR FORFEITURE (US Code, Title	1001), IN	
Save as Draft				Review to Submit

*6. Is the Applicant requesting confidential treatment of an attachment(s) under section 0.459 of the Commission's rules? •